FORM 2 COVER SHEET

In The United States Court of Federal Claims

Cover Sheet

Plaintiff(s) or Petitioner(s) (1) Roger Birdbear, (2) Thomas P. Birdbear, (3) Jamie Lawrence, and (4) Rae Ann Williams	
If this is a multi-	plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.
Name of the attorney of	of record (See RCFC 83.1(c)): David C. Smith
Firm Name:	Kilpatrick Townsend & Stockton LLP
Contact information fo	or pro se plaintiff/petitioner or attorney of record:
Post Office Box:	
Street Address:	607 14th Street, NW, Suite 900
City-State-ZIP:	Washington, DC 20005
Telephone:	(202) 508-5865
E-mail Address:	dcsmith@kilpatricktownsend.com,
Does the attorney of re	d admitted to the Court of Federal Claims Bar?
Nature of Suit Code:	5 0 4
Select only one (three digit) nat	dure-of-suit code from the attached sheet. dentify partnership or partnership group. If numbers 118, 134, 226, 312, 356, or 528 are used, please explain.
Agency Identification (See attached sheet for three-dig	it codes.
Amount Claimed: Use estimate if specific amount	§ in excess of 100 million sis not pleaded.
Disclosure Statement: Is a RCFC 7.1 Disclosure If yes, please note that two copies	ure Statement required?
Bid Protest: Indicate approximate d Is plaintiff a small busi	lollar amount of procurement at issue: \$ N/A iness? □ Yes ☑ No
Vaccine Case: Date of Vaccination:	N/A
·	ated to any pending or previous case?